

If one examines the epidemiologic literature on parental smoking and childhood respiratory disease with a critical and objective eye, it is clear that the data are inconclusive and even contradictory in nature. Scientific claims should be based on sound science; claims regarding parental smoking often are not.

Many problems with the epidemiologic studies on parental smoking have been identified in the scientific literature. In the vast majority of studies, children's exposure to ETS is estimated by questionnaire responses from parents. The validity and accuracy of questionnaires in estimating exposure to ETS have been questioned by scientists. Analyses indicate that researchers can get different answers about exposure depending on who fills out the questionnaire (e.g., father, mother, child, etc.). A few studies utilize cotinine (a metabolite of nicotine) levels in bodily fluids of children to estimate exposure. The accuracy of this method has also been questioned. Individuals reportedly vary in their metabolism of nicotine and excretion of cotinine, and diet is a potential confounder of these levels. More accurate methods of quantitatively assessing ETS exposure in children are needed before definitive conclusions can be made.

The most important problem with the studies, however, is the lack of appropriate attention to potential confounding variables and independent risk factors for childhood respiratory disease. Recently, researchers have reported that very few of the

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epidemiologic studies on parental smoking address many or even a few of the most important potential confounding variables. Proper nutrition, access to medical care, exposures to molds from damp housing, to outdoor industrial pollutants, and to contagions at daycare, etc. are all factors directly related to the respiratory health of children.

Finally, our main concern is that the focus on parental smoking (which is, in our opinion, based on inadequate scientific data) is diverting needed attention from problems that are based on solid scientific foundations facing the respiratory health of children. For example, a recent report suggests that the number of cases of tuberculosis in U.S. children under 11 years of age is 35% higher than it was as recently as 1985. Asthma is also increasing at alarming rates, particularly among children in the inner city, yet cigarette consumption is declining.

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